



**ACKNOWLEDGEMENT OF NOTIFICATION  
OF REGULATED WASTE ACTIVITY  
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

<sup>+</sup>  
MDR000004481

07/17/95

INSTALLATION ADDRESS

K-MART #7713  
3207 SOLOMONS ISLAND  
EDGEWATER, MD 21037  
GEORGE WARD IMAGE CTR MGR

3207 SOLOMONS ISLAND  
EDGEWATER, MD 21037

change contact

506

RESOURCE CONSERVATION AND RECOVERY INFORMATION SYSTEM  
MAINTENANCE FORM FOR EPA NOTIFICATION

I. EPA-ID# MIDR0000004481 Date: 7-11-95

II. FACILITY NAME K-Mart #7713

NEW FACILITY NAME

Name Change

III. LOCATION OF INSTALLATION

Street

City/Town State Zip

County Code County Name

IV. INSTALLATION MAILING ADDRESS

Street

City/Town State Zip

V. INSTALLATION CONTACT

Last Name Ward First George

Job Title Image Center Mgr. Phone # ( )

VI. INSTALLATION CONTACT ADDRESS

Street

City/Town State Zip

VII. OWNERSHIP

Name of Legal Owner

Street

City/Town State Zip

Phone # ( ) Land Type Owner Type

IX. WASTE CODES

Delete Old Waste Codes


Add New Waste Codes


Updated in RCRIS by:

CW  
HST

Date:

7/17/95  
7-13-95

## VIII A. Hazardous Waste Activity

- |    |                                             | <u>Type</u>                                                                                                                                            | <u>RCRA Reg.<br/>Status</u> | <u>RCRA Reg.<br/>Desc.</u> |
|----|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------|
| 1. | Generator                                   | _____                                                                                                                                                  | _____                       | _____                      |
| 2. | Transporter                                 | _____                                                                                                                                                  | _____                       | _____                      |
| 3. | TSD                                         | _____                                                                                                                                                  | _____                       | _____                      |
|    | Mode of Transportation for Transporter      |                                                                                                                                                        |                             |                            |
|    | Air                                         | _____                                                                                                                                                  | Rail                        | _____                      |
|    |                                             | _____                                                                                                                                                  | Highway                     | _____                      |
|    |                                             | _____                                                                                                                                                  | Water                       | _____                      |
|    |                                             | _____                                                                                                                                                  | Other                       | _____                      |
| 4. | <u>HWF Burner/Blender:</u> _____            |                                                                                                                                                        |                             |                            |
|    | B                                           | Boiler and/or Industrial Furnace (BIF) only.                                                                                                           |                             |                            |
|    | D                                           | BIF only; Smelter Deferral.                                                                                                                            |                             |                            |
|    | E                                           | BIF only; Small Quantity Exemption Claimed.                                                                                                            |                             |                            |
|    | N                                           | Not a Burner/Blender, Verified.                                                                                                                        |                             |                            |
|    | X                                           | Other Burner/Blender Activity.                                                                                                                         |                             |                            |
|    | Blank                                       | Unverified.                                                                                                                                            |                             |                            |
| a. | <u>HWF Marketing to Burner:</u> _____       |                                                                                                                                                        |                             |                            |
|    | X                                           | Code indicates that the Handler is a generator engaged in marketing burners of hazardous waste fuel activities.                                        |                             |                            |
| b. | <u>HWF Other Marketers:</u> _____           |                                                                                                                                                        |                             |                            |
|    | X                                           | Code indicates that the Handler is engaged in hazardous waste fuel marketing activities other than generator marketing to burner.                      |                             |                            |
| c. | <u>HWF Boiler/Industrial Furnace:</u> _____ |                                                                                                                                                        |                             |                            |
|    | B                                           | Boiler and/or Industrial Furnace (BIF) only.                                                                                                           |                             |                            |
|    | X                                           | Indication of Activity.                                                                                                                                |                             |                            |
| 5. | <u>Underground Injection Control:</u> _____ |                                                                                                                                                        |                             |                            |
|    | X                                           | Code indicates that the Handler generates and/or treats, stores, or disposes of hazardous waste and has an injection well located at the installation. |                             |                            |

## VIII B. Used Oil Recycling Activities

1. Used Oil Recycling Activities
  - a. Used Oil Marketer to Burner: \_\_\_\_\_  
X Marketer directs shipments of used oil to burners.
  - b. Used Oil Other Marketer: \_\_\_\_\_  
X Handler is engaged in marketing of off-spec. used oil fuel other than generator marketing to burner(e.g., marketing to UO refinery).
2. Used Oil Burner: \_\_\_\_\_  
X Indication of Activity.  
  
Burner Types: \_\_\_\_\_  

Utility Boiler \_\_\_\_\_  
H=Hazardous Waste Fuel

Industrial Boiler \_\_\_\_\_  
U=Used Oil Fuel

Industrial Furnace \_\_\_\_\_  
B=Both
3. Used Oil Transporter: \_\_\_\_\_  
T=Transporter      F=Transfer      B=Both
4. Used Oil Processor/Re-refiner: \_\_\_\_\_  
P=Process Only      R=Refine Only      B=Both

Please refer to the instructions for Filling Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

First Notification

B. Subsequent Notification  
(Complete item C)

C. Installation's EPA ID Number

MDR0000004481

## II. Name of Installation (Include company and specific site name)

K-MART #7713

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

3207 SOLOMONS ISLAND

Street (Continued)

City or Town

EDGEWATER

State

Zip Code

MD 21037-

County Code

County Name

## IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

SAME

City or Town

State

Zip Code

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

WARD

(First)

GEORGE

Job Title

IMAGE CENTER

Phone Number (Area Code and Number)

MD 410-956-0056

## VI. Installation Contact Address (See Instructions)

A. Contract Address  
Location Mailing Other

B. Street or P.O. Box

City or Town

State

Zip Code

## VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

GENERAL STATE SECTION

Street, P.O. Box, of Route Number

JUL 10 1992

City or Town

State

Zip Code

EPA, R3

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)

Month Day Year

P

P

Yes

No

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

## ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

## A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (200-2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs)

2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes

## Mode of Transportation

- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see Instructions.

## 4. Hazardous Waste Fuel

- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace

- ☐ 1. Smelter Deferral
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)

- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace

- ☐ 5. Underground Injection Control

## B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer
- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

## 2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)

- ☐ a. Utility Boiler
- ☐ b. Industrial Boiler
- ☐ c. Industrial Furnace

## 3. Used Oil Transporter - Indicate Type(s) of Activity(ies)

- ☐ a. Transporter
- ☐ b. Transfer Facility

## 4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)

- ☐ a. Process
- ☐ b. Re-refine

## IX. Description of Hazardous Wastes (Use additional sheets if necessary)

## A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☐
2. Corrosive (D002) ☐
3. Reactive (D003) ☐
4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s)) ☒ D011

## B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

## C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6

## X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature <i>George F. Ward</i>	Name and Official Title (Type or print) LAB MANAGER	Date Signed 6-16-95
------------------------------------	--------------------------------------------------------	------------------------

## XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

```

*****
*                               RCRIS: Notification View Screen 2 of 6                               *
*****
*EPA ID: MDR000004481      Other ID:                               Merge Send: Y                               *
*Date Received(MMDDYY): 051895      Source( N/E/S ): N Non-Notifier Flag:                               *
*Date Acknowledged (MMDDYYYY):                               Send Acknowledgement:                               *
*Name of Installation: K-MART #7713                               *
*                               Installation Location Address                               *
*Streets: 3207 SOLOMONS ISLAND                               *
*City: EDGEWATER                               State: MD      Zip: 21037                               *
*County Code: 003      County Name: ANNE ARUNDEL                               *
*                               Installation Mailing Address                               *
*Streets: 3207 SOLOMONS ISLAND                               *
*City: EDGEWATER                               State: MD      Zip: 21037                               *
*                               Contact Information                               *
*   Last Name      First Name      Title      Phone      Address(M,L,O) *
* GOFF      THERESIA      OPER MGR      4109560056      M                               *
*Streets: 3207 SOLOMONS ISLAND                               *
*City: EDGEWATER                               State: MD      Zip: 21037                               *
*Land Type: P                               *
*****
* Enter-Continue      F1-Previous Screen      F3-Exit                               *
*****

*****
*                               RCRIS: Notification View Screen 3 of 6                               *
*****
* EPA ID: MDR000004481      Other ID:                               Source: N                               *
*                               *                               *
* Owner Sequence Number: 1                               *
* Ownership: K-MART                               Type of Owner: P                               *
*                               *                               *
*                               Address of Owner/Operator                               *
*                               *                               *
*   Street: 1000 W BIG BEAVER RD                               *
*   City: TROY                               State: MI Zip Code 48084                               *
*   Phone: 8106431000                               *
*                               *                               *
* Current/Previous Indicator: CO      Change Date(MMDDYY):                               *
*                               *                               *
*                               *                               *
*****
* Enter-Continue      F1-Previous Screen      F3-Exit      F5-Curr. Owner      *
* F6-Prev. Owner      F8-Help      F9-First      F10-Next                               *
*****

*****
*                               RCRIS: Notification View Screen 4A of 6                               *
*****
* EPA ID: MDR000004481      Other ID:                               Source: N                               *
*                               *                               *
*                               RCRA Reg      RCRA Reg      State Reg      State Reg      *
* Waste Activity      Type      Status      Desc      Status      Desc                               *
* -----            - - - - -            - - - - -            - - - - -            - - - - -            *
* HW Generator: 2      R                               *
* HW TSD:                               *
* HW Transporter:                               *
* Transport Mode: Air:      Rail:      Highway:      Water:                               *

```



```
*
*                               Other:
* HW Burner/Blender:
* NHW Used Oil Recycler:
* -----
* Underground Injection Control:
* Recycler:
*
*
*****
* Enter-Continue      F1-Previous Screen      F3-Exit      F8-Help
*****

*****
*                               RCRIS: Notification View Screen 5 of 6
*****
* EPA ID:  MDR000004481  Other ID:                               Source:  N
*
* Hazardous Waste Codes:  Specific/Non-Specific/Commercial/Chemical
*                        D011
*
*
*
*
*
*
*
*
*
*
*****
*Enter-Continue      F1-Previous Screen      F3-Exit
*F8-Help             F9-First                 F10-Next
*****
```

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B. Subsequent Notification  
(Complete Item C)

## C. Installation's EPA ID Number

MDR000004481

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K-MART # 7713

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

Street (Continued)

3207 SOLOMONS ISLAND

City or Town

EDGEWATER

State

Zip Code

MD 21037-

County Code

County Name

003 AA

## IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

SAME AS ABOVE

City or Town

State

Zip Code

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

GOFF

(First)

THERESA

Job Title

OPERATION MANAGER

Phone Number (Area Code and Number)

410-956-0056

## VI. Installation Contact Address (See Instructions)

A. Contract Address  
Location Mailing Other

B. Street or P.O. Box

City or Town

State

Zip Code

## VII. Ownership (See Instructions)

## A. Name of Installation's Legal Owner

K-MART

Street, P.O. Box, or Route Number

1000 WEST BIG BEAVER RD

City or Town

TROY

State

Zip Code

MI 48084-

Phone Number (Area Code and Number)

810-643-1000

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

(Date Changed)  
Month Day Year



EPA Form 8700-12 (Rev. 11-30-93) Previous edition is obsolete.



**ACKNOWLEDGEMENT OF NOTIFICATION  
OF REGULATED WASTE ACTIVITY  
(VERIFICATION)**

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EPA I.D. NUMBER

MDR000004481

05/26/95

INSTALLATION ADDRESS

K-MART #7713  
3207 SOLOMONS ISLAND  
EDGEWATER, MD 21037  
THERESIA GOFF OPER MGR

3207 SOLOMONS ISLAND  
EDGEWATER, MD 21037